

HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, ASB TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL: 587-0460 FAX: 587-0470
email: ethics@hawaiiethics.org

THIS SPACE FOR OFFICE USE ONLY

'07 FEB -5 P12 :00

STATE OF HAWAII
STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST				
NAME (Last)		(First)	(Middle)	TELEPHONE
YAMASHITA, RUSSEL H.				(808)524-5200
MAILING ADDRESS (Street)			FAX	
2733 EAST MANOA ROAD			(808)524-4639	
(City)		(State)		(Zip Code)
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)				TELEPHONE
MAILING ADDRESS (Street)				FAX
(City)		(State)		(Zip Code)

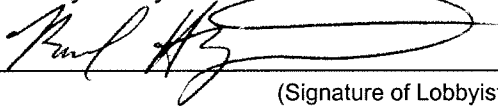
PART II ORGANIZATION				
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE	
HAWAII DENTAL ASSOCIATION			(808)593-7956	
MAILING ADDRESS (Street)			FAX	
1345 S. BERETANIA ST.			(808)593-7636	
(City)		(State)		(Zip Code)
HONOLULU, HAWAII				96814
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE	
Mr. Lore Leibling			593-7956	
MAILING ADDRESS (Street)			FAX	
(same as above)				
(City)		(State)		(Zip Code)

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Education | <input checked="" type="checkbox"/> Human Services | <input type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities | <input checked="" type="checkbox"/> Government Operation & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation |
| <input checked="" type="checkbox"/> Consumer Protection & Commerce | <input type="checkbox"/> Hawaiian Affairs | <input type="checkbox"/> Labor & Employment | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Culture, Arts, Historic Preservation | <input checked="" type="checkbox"/> Health | <input type="checkbox"/> Planning, Land & Water Use Management | <input type="checkbox"/> Other: (indicate below) |
| <input type="checkbox"/> Ecology, Energy Environmental Protection | <input type="checkbox"/> Housing | <input type="checkbox"/> Public Safety & Corrections | _____ |

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.



(Signature of Lobbyist)

1/18/07

(Date)

PART V AUTHORIZATION TO LOBBY

NAME

TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED

Norman S. Chun

NAME OF ORGANIZATION (if applicable)

TELEPHONE

Hawaii Dental Association

261-0813

MAILING ADDRESS (Street)

FAX

444 Ulukouia St

261-6009

(City)

(State)

(Zip Code)

Kailua

HI

96734

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.



1 Feb 2007

(Signature of Authorizing Officer or Person Represented)

(Date)